
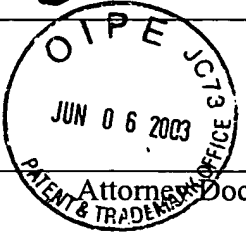


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2161 \$

 30623 PATENT TRADEMARK OFFICE	 Attorney Docket No. 07473-032	Express Mail Label No. EV230283014US Date of Deposit: June 6, 2003
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lawrence M. Sherman
For: SYSTEM AND METHOD FOR PROVIDING ADDITIONAL LIFE
INSURANCE
Serial No.: 09/780,266
Filed: February 9, 2001

Examiner: Not Assigned
Art Unit: 2161

MS: RESPONSE (FEE)
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

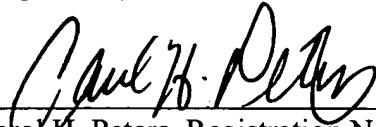
Sir:

Transmitted herewith for filing in the above-identified application are the following documents:

1. Preliminary Amendment;
2. Fee Calculation for Submission of Additional Claims; and
3. Return Post Card.

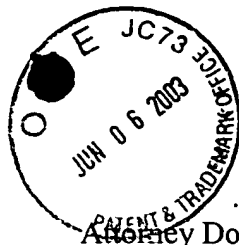
A check in the amount of \$342.00 is enclosed for payment of the requisite fee for filing additional claims. The Commissioner is hereby authorized to charge any additional fee, or to refund any overpayment, to Deposit Account No. 50-0311, Referencing Attorney Docket No. 07473-032. A duplicate copy of this transmittal letter is enclosed.

Respectfully submitted,


Carol H. Peters, Registration No. 45,010
Mintz, Levin Cohn, Ferris,
Glovsky and Popeo, P.C.
One Financial Center
Boston, Massachusetts 02111
Telephone 617/348-4914
Attorneys for Applicant

Date: June 6, 2003

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Express Mail Label No.: EV230283014US

Date of Deposit: June 6, 2003

Attorney Docket No. 07473-032

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lawrence M. Sherman
For: SYSTEM AND METHOD FOR PROVIDING ADDITIONAL LIFE
INSURANCE
Serial No.: 09/780,266
Filed: February 9, 2001

Examiner: Not Assigned
Art Unit: 2161

MS: RESPONSE (FEE)
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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FEE CALCULATION FOR SUBMISSION OF ADDITIONAL CLAIMS

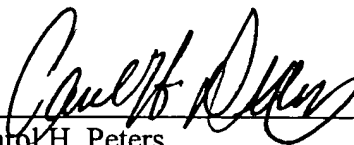
Sir:

The Applicant calculates, as provided below, the statutory filing fee required with respect to the Preliminary Amendment submitted herewith.

CLAIM FEE CALCULATION					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$710.00
Total Claims (37 C.F.R. 1.16(c))	58	- 20 =	38	\$ 18.00	684.00
Independent Claims (37 C.F.R. 1.16(b))	3	- 3 =	0	\$ 84.00	.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))	0		8	\$260.00	.00
TOTAL FEE					684.00
Reduction by 50% for filing by small entity:					<u>-\$342.00</u>
BALANCE DUE					342.00

The Commissioner is hereby requested to charge any additional fees or to refund any overpayment to the undersigned's Deposit Account No. 50-0311, referencing Attorney Docket No. 07473-032.

Respectfully submitted,

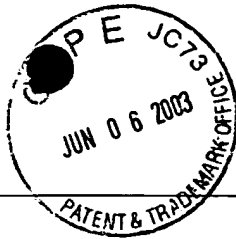


Carol H. Peters


Registration No. 45,010
Mintz, Levin, Cohn, Ferris,
Glovsky and Popeo, P.C.
One Financial Center
Boston, MA 02111
Telephone 617/348-4914
Facsimile 617/542-6000
Attorney for Applicants

Date: June 6 2003

TRA 1801527v1



6/17/03
PH
4/A

 30623 PATENT TRADEMARK OFFICE	Express Mail Label No.: EV230283014US Date of Deposit: June 6, 2003
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Attorney Docket No. 07473-032

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lawrence M. Sherman
Serial No.: 09/780,266
Filing Date: February 9, 2001
For: SYSTEM AND METHOD FOR PROVIDING ADDITIONAL
LIFE INSURANCE

Examiner: Unassigned
Art Unit: 2161

Box RESPONSE (Fee)
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination of the above-identified application, please amend the
application as follows.

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JUN 12 2003
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Amendments to the Claims

Cancellation of Claims Under Revised 37 C.F.R. § 1.121(c)

The Applicant respectfully requests cancellation of claim 1 from the present
application without prejudice to the subject matter contained therein.